

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 985713

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 11th 87*

Full Name of Deceased, *Laura Franz* { Write legibly and spell correctly. If an infant not named, give names of parents. }

~~Sex, Male or Female,~~ { Cross out the word not required in this line. }

Age, *4* Years, _____ Months, _____ Days.

Color, _____ Sex, *✓*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *✓*

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Baltimore, Md.*

Duration of Residence in the City of Baltimore, *During life.*

Place of Death, { Give street and number. } *No 1508 E. Madison St*

Cause of Death, { First (Primary), Second (Immediate), } *Acute Laryngitis*
Pneumonia

Duration of Last Sickness, *10 days*

All the above information should be furnished by the Physician.

Place of Burial, *Holy Redeemer Center*

Date of Burial, *March 13, 1887*

Undertaker, *Henry Hoock*

Place of Business, *1023 N. Centre Ave*

Address *562 N. Gay St*

John H. Bolton M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98574 Office of Registrar of Vital Statistics. Ward 12²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, March 10th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary, M^c Dermot
Dermont

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 74 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Housewife

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, Some years

Place of Death, { Give Street and Number. } 565 West Hoffman St.

Cause of Death, { First (Primary), Second (Immediate), } Old Age

Duration of Last Sickness, 18 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, March 12

Undertaker, B. M. Hall M. D.

Place of Business, 115 West Address, Edmund A. Mearns Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9854/5 Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, March 11th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Adelina Duval

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, 14 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give Street and Number. } 167 Elliott St

Cause of Death, { First (Primary), Second (Immediate), } Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, March 13th 1887

Undertaker, John C. Schuler J. H. Martin M. D. Medical Attendant.

Place of Business, 1735 Mermaid Address, 910 Canton St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 985276 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, May 11th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Eschrich

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 69 Years, White Months, 11 Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Widower

Occupation, Cooper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, { Give Street and Number. } 123 Clement St

Cause of Death, { First (Primary), Second (Immediate), } Apoplexy

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Balta. Cemtry.

Date of Burial, March 13th 1887

{ Undertaker, Wm. Nicolais } Eschrich M. D. Medical Attendant.

{ Place of Business, 1715 Alice Ann } Address, 3789 Hancock

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Board of Health, City of Baltimore,

12th

Permit No. 98547

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, March 11, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Josephine L. Pfister

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, 12 Days

Color, White Sex, _____

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore, Md -

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 528 W. Hoffman St. ✓

Cause of Death, { First (Primary,) Capillary Bronchitis
Second (Immediate,) }

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St James Cem.

Date of Burial, March the 13,

{ Undertaker, Walter Immel

{ Place of Business, 594 W. Biddle St.

Thomas E. Sears, M. D.
Medical Attendant.

Address 411 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Health Department, City of Baltimore.

Permit No. 9852/8 Office of Registrar of Vital Statistics. Ward 14
 The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
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CERTIFICATE OF DEATH.

Date of Death, 10 March 1887
 Full Name of Deceased, Victor Schmidt
 Sex, Male or Female, male
 Age, 64 Years,
 Color, white
 Married, Single, Widow or Widower, married
 Occupation, merchant
 Birth Place, Germany
 Duration of Residence in the City of Baltimore, 38 years
 Place of Death, 115 N Carrollton Avenue
 Cause of Death, Apoplexie
 Duration of Last Sickness, 5 days
 Place of Burial, Baltimore Cemetery
 Date of Burial, 12 March 1887
 Undertaker, Denny & Mitchell
 Place of Business, 550 W Fayette St Address, 720 N Howard Street
 Medical Attendant, L J Reinhard M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98549 Office of Registrar of Vital Statistics. Ward 19⁴

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CERTIFICATE OF DEATH.

Date of Death, Mar 10th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jno H Pickett

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 59 Years, _____ Months, _____ Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } married

Occupation, Sand Paper Mfg ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md ✓

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } Fulton Ave

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia
Heart Disease

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Louisa Park Cem

Date of Burial, March 13th 1887

Undertaker, Lewis Schaffer M. D.

Place of Business, 316 N Monument Address, 90 N Market St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 98530

Office of Registrar of Vital Statistics.

Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, *March 11. 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Mary M. E. Lautz*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } *Female*

Age, *5-6* Years, *1* Months, *18* Days

Color, *White*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } *Married*

Occupation, *Bavaria*

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Bavaria*

Duration of Residence in the City of Baltimore, *36 years*

Place of Death, { Give Street and Number. } *513 W. Barre*

Cause of Death, { First (Primary), *Tubercular Peritonitis* }
{ Second (Immediate), *Exhaustion (Heart clot)* }

Duration of Last Sickness, *6-8 Months*

All the above information should be furnished by the Physician.

Place of Burial, *Louisa Park bur*

Date of Burial, *March 14th 1887*

{ Undertaker, *J. Lewis Schaper* } *W. F. Krumpholtz* M. D.
Medical Attendant.

{ Place of Business, *316 N Fremont* } Address, *305 N Green St*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 98537 Office of Registrar of Vital Statistics. Ward 18th

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11th

Full Name of Deceased, Charles W. Cameron { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male { Cross out the word not required in this line. }

Age, 1 Years, 9 Months, 10 Days.

Color, White

Married, Single, Widowed or Widower, Single { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, 40 172 W. Cross St

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary), Second (Immediate), Membranous Croup }

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, March 12th 1887

{ Undertaker, B. Starke } J. C. Bunch M. D. Medical Attendant.

{ Place of Business, 511 Hanover St } Address, 511 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 98532

Office of Registrar of Vital Statistics.

Ward 13¹

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 10th 1897

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Agnes WellmanSex, Male or Female, { Cross out the word not required in this line. }Age, 22 Years, _____ Months, _____ Days

Color, _____

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Cook

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

GermanyDuration of Residence in the City of Baltimore, 28 years

Place of Death, { Give Street and Number. }

328 Parkview St

Cause of Death, { First (Primary), _____

Consumption

{ Second (Immediate), _____

& ExhaustionDuration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral CemeteryDate of Burial, March 14{ Undertaker, J. B. Cook }J. W. Clontz

M. D.

Medical Attendant.

{ Place of Business, #803 W. Batten Address, _____ }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]